



MT. WHEELER POWER

Application Date:	Date Service is to be Connected/Transferred:	Member Number:	
Name of Primary Applicant:		Social Security # _____ Date of Birth: ____ / ____ / ____	Driver's License or ID #: _____ State: _____
Mailing Address: City, State, Zip Code		Telephone #: _____ Cell Phone #: _____ Work Phone #: _____ E-Mail: _____	Service Address: City, State, Zip
Employer (If Self please explain): Job Title:		Employer Address: City, State, Zip	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow If married, please complete below
Beneficiary of Capital Credits or any refunds due upon Members Death Spouse: _____ If no spouse: _____ Phone: _____ Address City, State, Zip Relationship		Have you or the additional applicant ever had service with Mt. Wheeler before? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', what name was the account in? _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent Landlord: _____ Telephone # _____
Deposit Quote: \$ _____ Payment options: <input type="checkbox"/> Full Payment <input type="checkbox"/> 1/2 payment with 2 week promissory <input type="checkbox"/> Credit Check _____ \$15.00 FEE Credit Score _____ % (Initials) (7% or less to pass)		Two Forms of ID Required: <input type="checkbox"/> Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> Passport (serves as both) <input type="checkbox"/> Birth Certificate	
Additional Applicant Name: <input type="checkbox"/> Spouse <input type="checkbox"/> Reg. Partner <input type="checkbox"/> Co-Signer		Social Security # _____ Date of Birth: ____ / ____ / ____	Driver's License or ID #: _____ State: _____
Telephone #: _____ Cell Phone #: _____ Work Phone #: _____ E-Mail: _____		ID Required for spouse (If applicable) <input type="checkbox"/> Driver's License <input type="checkbox"/> Social Security Card <input type="checkbox"/> Passport (serves as both) <input type="checkbox"/> Birth Certificate	Is Anyone in the home on Life Support? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Relationship: _____
Employer (If Self, please explain): Job Title:		Employer Address: City, State, Zip	
APPLICANT SIGNATURE:		ADDITIONAL APPLICANT SIGNATURE:	

Everything that I have stated on this application is correct I (we) Authorize Mt. Wheeler to check my credit and employment history at any time it deems necessary. I agree to be bound by the Cooperative's Articles of Incorporation, By-Laws, and Rules and Regulations, as the same are now and hereafter adopted or amended.